

APPROVED	O.G. FIG.	
BY	CLASS	SUBCLASS
DRAFTSMAN		

6784873

69/632,922

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18

14

Account Number:

Appointment Time:

Patient Last Name:

Patient First Name:

Patient Middle Name:

Date of Birth: (MM/DD/YY)

Provider Number:

16

20

22

OK

Cancel

Help

12

Fig. 1

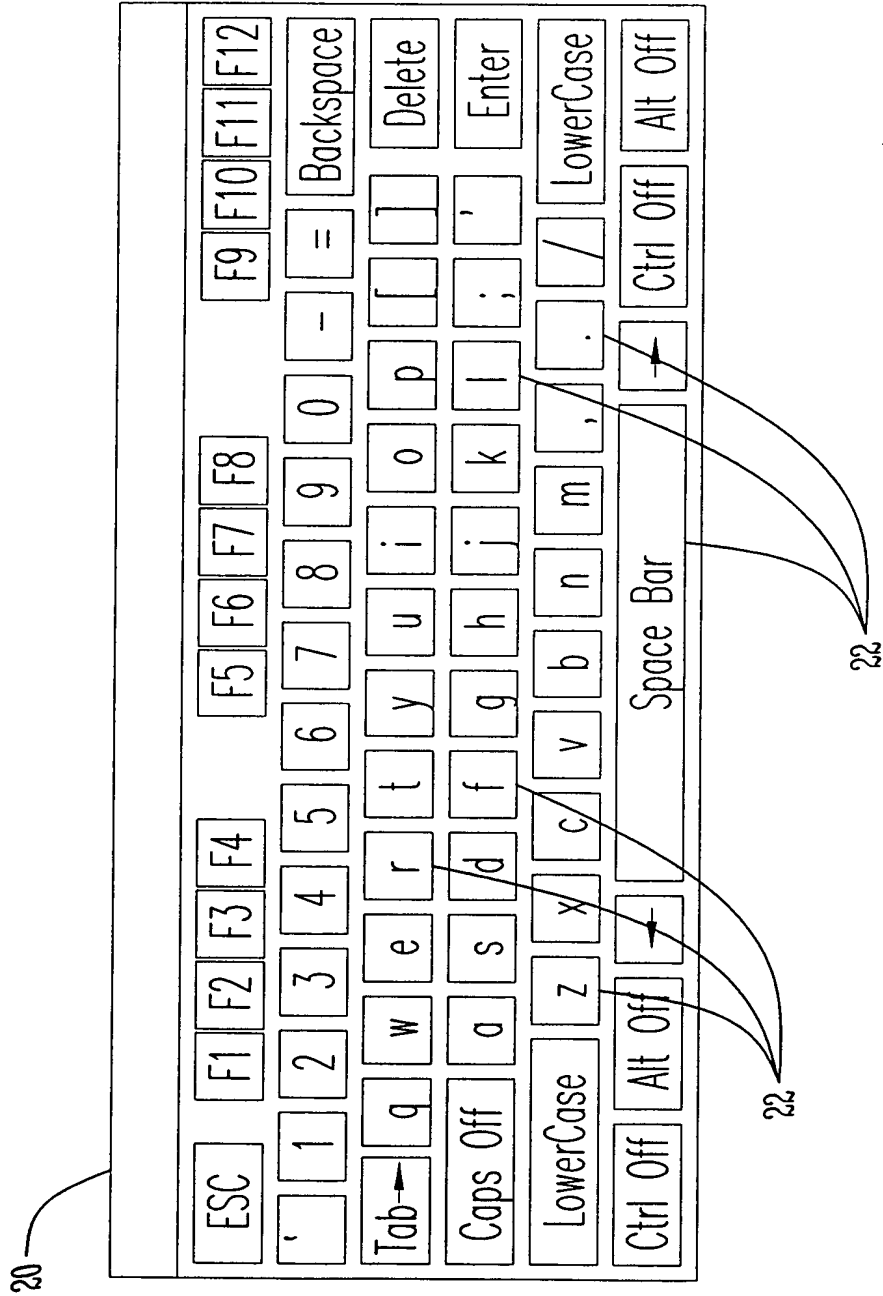


Fig. 2